U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION 1 of 2

Operator Project:	Postmark:	Date Received:	Notif	fication: 1	
I. TYPE OF NOTIFICATION (O=Original, R=Revised):	o			
II. FACILITY INFORMATION	(Identify owner, removal cont	ractor, and other operator)			
OWNER NAME: SHORENSTEI	N REALTY SERVICES				
ADDRESS: 800 THIRD AVENU	E				
CITY: NEW YORK	STATE: N	Y	ZIP CODE:	10022	
CONTACT: MR. NICHOLAS S	ΓΕΙΧΝΕR			PHONE: (212) 888-0935	
REMOVAL CONTRACTOR: ETS	CONTRACTING, INC.				
ADDRESS: 160 CLAY ST	REET				
CITY: BROOKLYN	STATE: N	Y	ZIP CODE:	11222	
CONTACT: ROBERT MIDDL	ETON		PHONE:	(718) 706-6300	
OTHER OPERATOR: N	NOT APPLICABLE				
ADDRESS:					
CITY:	STATE:		ZIP CODE:		
CONTACT:			PHONE:		
III. TYPE OF OPERATION (D=	Demo, O=Ordered, R=Renova	tion) R			
IV. IS ASBESTOS PRESENT?	(yes/no) YES				
V. FACILITY DESCRIPTION	(include building name, number	r, floor and/or room number	er):		
BLDG. NAME: 800 THIRD AVE	NUE				
ADDRESS: 800 THIRD AVENUE	Ε				
CITY: NEW YORK	STATE:	NY	COUNTY: MA	ANHATTAN	
SITE LOCATION: GROUND FLO	OOR LOADING DOCK				
BUILDING SIZE SQ METER	S: SQ FT: 62	4,240	#OF FLOORS: 41	AGE IN YEARS:43	
PRESENT USE: COMMERICAL	L		PRIOR USE: CO	MMERICAL	
VI. PROCEDURE, INCLUDING	G ANALYTICAL METHOD	IF APPROPRIATE, US	ED TO DETECT T	O PRESENCE OF ASBESTOS MAT	ΓERIAL:
SAMPLING AND ANALYSI	S ACCORDING TO EPA A	PPROVED METHODS.			
		ON-FRIABLE ASBEST	OS MATERIAL TH	HAT WILL NOT BE REMOVED. S	PECIFY THE
AMOUNT OF ASBESTOS	BELOW:			Non-friable Asbestos Materials To	Be Removed:
		RACM To B	e Removed	Category I	Category II
PIPES – LINEAR FEET				,	
PIPES – LINEAR METERS					
SURFACE AREA – SQUARE FEE	T.	48 SF			
SURFACE AREA – SQUARE ME	TERS				
VOLUME RACM OFF FACILITY	COMPONENT - CUBIC FEE	Т		25.00	
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS					
VIII. SCHEDULED DATES ASE	BESTOS REMOVAL (MM/	/DD/YY) START: 9/10 /	2016 CO	MPLETION: 9/09/2017	
IX. SCHEDULED DATES DEM	IO/RENOVATION (MM/	DD/YY) START:	C	OMPLETION:	

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION (continued) 2 of 2

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1 WASTE T	FRANSPORTER #2			
NAME: TRI-STATE TRANSFER ASSOC., INC. NAME:				
ADDRESS: 1199 RANDALL AVENUE ADDRES	S:			
CITY: BRONX STATE: NY ZIP CODE: 10474 CITY:	STATE: ZIP CODE:			
CONTACT: JIMMY BYRNE PHONE: (718) 617-0771 CONTACT	CT: PHONE:			
WASTE TRANSPORTER #3	,			
NAME:				
ADDRESS:				
CITY: STATE: ZIP CODE:				
CONTACT: PHONE:				
XIII. WASTE DISPOSAL SITE/				
NAME: MINERVA ENTER., INC.				
LOCATION: 9000 MINERVA ROAD,				
CITY: WAYNESBURG, OHIO 46688				
PHONE: 330-866-3435				
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIF	Y THE AGENCY BELOW:			
NAME: NOT APPLICABLE TITLE:				
AUTHORITY:				
DATE OF ORDER (MM/DD/YY): DATE ORDERED TO	BEGIN (MM/DD/YY):			
XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE				
DATE AND HOUR OF EMERGENCY (MM/DD/YY):				
DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:				
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUS BURDEN:	E EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:				
ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO AI				
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS R SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT TI THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUS	HE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY			
ROBERT MIDDLETON, ETS CONTRACTING INC. As Representative For The Owner Signature of Owner Opera	8/22/16 Date			
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.				
ROBERT MIDDLETON, ETS CONTRACTING, INC As Representative For The Owner Signature Of Owner/Opera	<u>8/22/16</u> Date			



To:	US-ENVIRONMENTAL PROTECTION AGENCY 290 BROADWAY, 21 ST FLOOR			Da	te:	8/22/2016 800 THIRD AVENUE, NEW YORK, NY –		
	REGIO		1 FLOOR	Re	:	GROUND FLOOR LOADING DOCK		
-	NEW Y	YORK, NY 1000	7					
-	ATTN:	ROSALIE SBER	NA	Jo	b#	4715/16		
For	Your:		T	he Follov	ving:			
✓ Record ☐ Review/Comment			Samples Drawings/Specifications Close-Out Package Other					
O	RIG.	DATE		DESCRIF				
	2	8/22/2016	ASBESTOS ABATEMENT PROJECT	INT PROJECT NOTIFICATION				
Action: Sign & Return To Our Office No Action Required Returned For Corrections See Remarks								
Rem	arks:							
Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office. CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED ENVELOPE TO OUR OFFICE.								
Cop	oies To <u>:</u>	<u>File</u>						
				Prepar	red By	r: Renata D. Buczek		
				Sent V ☑U.S		Hand Delivered □Over Night FedEx		

<u>U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION</u>

1 of 2

Operator Project:	Postmark:	Date Received:	Notification: 1		
I. TYPE OF NOTIFICATION (O=Original, R=Revised): O				
II. FACILITY INFORMATION	(Identify owner, removal contractor	or, and other operator)			
OWNER NAME: MOUNT SINAI	MEDICAL CENTER				
ADDRESS: 1470 MADISON AV	ENUE, 5 TH FLOOR				
CITY: NEW YORK	STATE: NY	ZIP Co	ODE: 10029		
CONTACT: BEN CIFERRI		PHONE:	: (212) 241-1455		
REMOVAL CONTRACTOR: ETS	CONTRACTING, INC.				
ADDRESS: 160 CLAY STI	REET				
CITY: BROOKLYN	STATE: NY	ZIP CO	ODE: 11222		
CONTACT: THOMAS AHERN	V	PHON	NE: (718) 706-6300		
OTHER OPERATOR: N	OT APPLICABLE				
ADDRESS:					
CITY:	STATE:	ZIP CO	ODE:		
CONTACT:		PHON	E:		
III. TYPE OF OPERATION (D=	Demo, O=Ordered, R=Renovation) R			
IV. IS ASBESTOS PRESENT?	(yes/no) YES				
V. FACILITY DESCRIPTION	include building name, number, fl	oor and/or room number):			
BLDG. NAME: MOUNT SINAI	QUEENS AMBULATORY SUR	GERY			
ADDRESS: 25-25 30 TH ROAD					
CITY: QUEENS	STATE: NY	COUNTY:	QUEENS		
SITE LOCATION: ROOF					
BUILDING SIZE SQ METER	S: SQ FT: 5,447	#OF FLOC	DRS: 3 AGE IN YEARS: 84		
PRESENT USE: HOSPITAL		PRIOR USE: H	OSPITAL		
VI. PROCEDURE, INCLUDING	G ANALYTICAL METHOD, IF	APPROPRIATE, USED TO DETE	CT TO PRESENCE OF ASBESTOS MATERIAL:		
SAMPLING AND ANALYSIS	S ACCORDING TO EPA APPR	OVED METHODS.			
		I-FRIABLE ASBESTOS MATERIA	AL THAT WILL NOT BE REMOVED. SPECIFY THE		
AMOUNT OF ASBESTOS	BELOW:	D. GWE D D	Non-friable Asbestos Materials To Be Removed:		
		RACM To Be Removed	Category I Category II		
PIPES – LINEAR FEET					
PIPES – LINEAR METERS					
SURFACE AREA – SQUARE FEE	ET		100 SF		
SURFACE AREA – SQUARE ME	TERS				
VOLUME RACM OFF FACILITY	COMPONENT - CUBIC FEET				
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS					
VIII. SCHEDULED DATES ASE	BESTOS REMOVAL (MM//DI	D/YY) START: 9/19/2016	COMPLETION: 9/18/2017		
IX. SCHEDULED DATES DEM	IO/RENOVATION (MM/DD	YYY) START:	COMPLETION:		

2 of 2

X.	DESCRIPTION OF PLANN	ED DEMOLITION OR RENOVATION WORK	C. AND METHOD(S) TO BE USED:
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REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1 WASTE TRANSPORTER #2				
NAME: TRI-STATE TRANSFER ASSOC., INC. NAME: ETS CONTRACTING, INC				
ADDRESS: 1199 RANDALL AVENUE ADDRESS: 160 CLAY STREET				
CITY: BRONX STATE: NY ZIP CODE: 10474 CITY: BROOKLYN STATE: NY ZIP CODE: 11222				
CONTACT: JIMMY BYRNE PHONE: (718) 617-0771 CONTACT: ANDRZEJ BARNOWSKI PHONE: 718-706-6300				
WASTE TRANSPORTER #3				
NAME:				
ADDRESS:				
CITY: STATE: ZIP CODE:				
CONTACT: PHONE:				
XIII. WASTE DISPOSAL SITE				
NAME: MINERVA ENTERPRISES, INC.				
LOCATION: 9000 MINERVA ROAD				
CITY: WAYNESBURG, OHIO 44688				
PHONE: 330-866-3435				
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:				
NAME: NOT APPLICABLE TITLE:				
AUTHORITY:				
DATE OF ORDER (MM/DD/YY): DATE ORDERED TO BEGIN (MM/DD/YY):				
XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE				
DATE AND HOUR OF EMERGENCY (MM/DD/YY):				
DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:				
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:				
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:				
ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.				
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON- SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).				
THOMAS AHERN, ETS CONTRACTING INC. As Representative For The Owner Signature of Owner/Operator Date				
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.				
THOMAS AHERN, ETS CONTRACTING, INC As Representative For The Owner Signature Of Owner/Operator Date				



То:	US-ENVIRONMENTAL PROTECTION AGENCY 290 BROADWAY, 21 ST FLOOR REGION 2		ST FLOOR	Date Re:	: 8/25/2016 Mount Sinai Queens Ambulatory Surgery – 25-25 30th Avenue, Queens, NY			
		YORK, NY 1000						
-	ATTN:	ROSALIE SBER	NA	Job #	4375/16			
For	Your:		7	he Followin	ıg:			
✓ Record ☐ Review/Comment ☐			<u>[</u>	☐ Samples ☐ Drawings/Specifications ☐ Close-Out Package ☑ Other				
O.	RIG.	DATE		DESCRIPTION				
	2	8/25/2016	ASBESTOS ABATEMENT PROJECT	NOTIFICAT	ION			
Action: Sign & Return To Our Office No Action Required Returned For Corrections See Remarks								
Rem	arks:							
Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office. CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED ENVELOPE TO OUR OFFICE.								
Сор	ies To <u>:</u>	<u>File</u>			By: Renata D. Buczek Hand Delivered Over Night FedEx ail			

<u>U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION</u> 1 of 2

Operator Project:	Postmark:	D	Pate Received:	Notification: 1 AMENDMENT# 2		
I. TYPE OF NOT	I. TYPE OF NOTIFICATION (O=Original, R=Revised): R					
II. FACILITY IN	FORMATION (Identify owner, ren	noval contractor, a	and other operator)			
OWNER NAME:	MTA – NEW YORK CITY TR	ANSIT AUTHO	RITY			
ADDRESS:	2 BROADWAY					
CITY:	MANHATTAN	STATE: NY		ZIP CODE: 10004		
CONTACT:	MR. BEN JENS		PHONE:	(646) 252-3531		
REMOVAL CONT	RACTOR: ETS CONTRACTING,	INC.				
ADDRESS:	160 CLAY STREET					
CITY:	BROOKLYN	TATE: NY		ZIP CODE: 11222		
CONTACT:	MR. RICHIE SMITH			PHONE: (718) 706-6300		
OTHER OPERATO	R: NOT APPLICABLE					
ADDRESS:						
CITY:		STATE:		ZIP CODE:		
CONTACT:				PHONE:		
III. TYPE OF OPE	ERATION (D=Demo, O=Ordered, I	R=Renovation)	0			
	S PRESENT? (yes/no) YES					
V. FACILITY DE	SCRIPTION (include building nan	ne, number, floor a	and/or room number):			
BLDG. NAME:	ASTOR PLACE STATION					
ADDRESS:	ASTOR PLACE STATION	@ 14 TH STRE	ET			
CITY:	NEW YORK	STATI	E: NY	COUNTY: MANHATTAN		
SITE LOCATION:	MANHOLE #47 – 250' SOUTH	I OF 14 TH ST.				
BUILDING SIZE	SQ METERS:	SQ FT: 72	#OF FLOORS: 2	AGE IN YEARS: 74		
PRESENT USE:	MANHOLE			PRIOR USE: MANHOLE		
VI. PROCEDURE	, INCLUDING ANALYTICAL M	ETHOD, IF APP	PROPRIATE, USED T	O DETECT TO PRESENCE OF ASBESTOS MATERIAL:		
	ND ANALYSIS ACCORDING TO					
				ATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE		
AMOUNT OF	F ASBESTOS BELOW:			Non-friable Asbestos Materials To Be Removed:		
			RACM To Be Ren	noved Category I Category II		
PIPES – LINEAR FI	EET					
PIPES – LINEAR METERS						
SURFACE AREA – SQUARE FEET 402 SF						
SURFACE AREA -	SURFACE AREA – SQUARE METERS					
VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET						
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS						
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM//DD/YY) START: HOLD COMPLETION: 5/31/2017						
IX. SCHEDULED	DATES DEMO/RENOVATION	(MM/DD/YY)	START: TBD	COMPLETION: TBD		

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION (continued) 2 of 2

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS AND MTA NYCTA SWV# TBD.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS AND MTA NYCTA SWV#TBD.

XII. WASTE TRANSPORTER #1	WASTE TRANSPORTER #2				
NAME: TRI-STATE TRANSFER ASSOC., INC.	NAME: ETS CONTRACTING, INC				
ADDRESS: 1199 RANDALL AVENUE	ADDRESS: 160 CLAY STREET				
CITY: BRONX STATE: NY ZIP CODE: 10474	CITY: BROOKLYN STATE: NY ZIP CODE: 11222				
CONTACT: JIMMY BYRNE PHONE: (718) 617-0771	CONTACT: ANDRZEJ BARNOWSKI PHONE: 718-706-6300				
WASTE TRANSPORTER #3					
NAME:					
ADDRESS:					
CITY: STATE: ZIP CODE:					
CONTACT: PHONE:					
XIII. WASTE DISPOSAL SITE					
NAME: MINERVA ENTERPRISES, INC.					
LOCATION: 9000 MINERVA ROAD					
CITY: WAYNESBURG, OHIO 44688					
PHONE: 330-866-3435					
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AGENCY BELOW:				
NAME: NOT APPLICABLE TITLE:					
AUTHORITY:					
DATE OF ORDER (MM/DD/YY): DATE OR	DERED TO BEGIN (MM/DD/YY):				
XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE					
DATE AND HOUR OF EMERGENCY (MM/DD/YY):					
DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:					
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WORDEN:	JLD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL				
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:					
ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDI					
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NOR	OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON- THAT THE REOUTED TRAINING HAS BEEN ACCOMPLISHED BY MAY BUSINESS HOURS. (Required 1 year after promulgation).				
RICHIE SMITH, ETS CONTRACTING INC. As Representative For The Owner Signature of Ox	8/26/16				
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT					
RICHIE SMITH, ETS CONTRACTING, INC As Representative For The Owner Signature Of O	wner/Operator Date				

8/26/2016						
ı – Astor Place NY – Manhole #47						
DESCRIPTION						
Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office. CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED ENVELOPE TO OUR OFFICE.						
ght FedEx						

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION 1 of 2

Operator Projec	of. Device t						
- p - mor 1 roje	et: Postmark:		Date Recei	ved:	Notification: 1		
I. TYPE OF N	OTIFICATION (O=Original, R=Re	evised): O					
	(NFORMATION (Identify owner, 1		and att				
OWNER NAME			, and other o	perator)			
ADDRESS: 70 V	VASHINGTON SQUARE SOUTI						
CITY: NEW YO							
	ERMAN ROA	STATE: NY			CODE: 10003		
	TRACTOR: ETS CONTRACTING	o nic		PH	HONE: 212-998-1407		
ADDRESS:	160 CLAY STREET	G, INC.					
CITY:							
	BROOKLYN	STATE: NY		ZIP (CODE: 11222		
	HOMAS AHERN			PHC	ONE: (718) 706-6300)	
OTHER OPERAT	OR: NOT APPLICABL	.E					
ADDRESS:					•		
CITY:		STATE:	-	ZIP C	CODE:		
CONTACT:				PHO	NE:		
	ERATION (D=Demo, O=Ordered,	R=Renovation)	R				
	S PRESENT? (yes/no) YES						
	ESCRIPTION (include building na	me, number, floor	and/or room	number):			
BLDG. NAME:	404 LAFAYETTE STREET		-				
ADDRESS:	404 LAFAYETTE STREET						
CITY: NEW YOR	RK		STATE:	NY	(COUNTY: MANHATTAN	(
SITE LOCATION:	SOUTH FACADE						
BUILDING SIZE	SQ METERS:	SQ FT: 110,000		#(OF FLOORS: 8	AGE IN YEARS: 12	13
PRESENT USE:	COMMERICAL					SE: COMMERICAL	.5
VI. PROCEDURE	, INCLUDING ANALYTICAL M	IETHOD, IF API	PROPRIAT	E, USED TO DETE	CT TO PRESENCE O	OF ASPECTOS MATERIA	
SAMPLING A	ND ANALYSIS ACCORDING TO	D EPA APPROVI	ED METHO	DDS.		ASSESTOS MATERIA	AL:
	TE OF RACM TO BE REMOVE ASBESTOS BELOW:				I. THAT WILL NOT	THE DEMOVIED CONTO	
AMOUNT OF	ASBESTOS BELOW:						
			RACM	To Be Removed	Category I	sbestos Materials To Be Re Ca	emoved: ategory II
PIPES – LINEAR FE	EET						
PIPES - LINEAR M	ETERS						
SURFACE AREA -	SQUARE FEET		-				
SURFACE AREA -	SQUARE METERS				2 SF	7	
VOLUME RACM O	FF FACILITY COMPONENT - CUI	BIC FEET					
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS							
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MANIDDAYA) START OFFICE							
	DATES DEMO/RENOVATION	(MM/DD/YY)				MPLETION: 8/26/2017	
	- CALLOIT	(111100111)	START:	TBD	COMPLETIO	ON: TBD	

J.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION (continued) 2 of 2

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1	WASTE TRANSPORTER #2				
NAME: TRI-STATE TRANSFER ASSOC., INC.	NAME: ETS CONTRACTING, INC				
ADDRESS: 1199 RANDALL AVENUE	ADDRESS: 160 CLAY STREET				
CITY: BRONX STATE: NY ZIP CODE: 10474	CITY: BROOKLYN STATE: NY ZIP CODE: 11222				
CONTACT: JIMMY BYRNE PHONE: (718) 617-0771	CONTACT: ANDRZEJ BARNOWSKI PHONE: 718-706-6300				
WASTE TRANSPORTER #3					
NAME:					
ADDRESS:					
CITY: STATE: ZIP CODE:					
CONTACT: PHONE:					
XIII. WASTE DISPOSAL SITE					
NAME: MINERVA ENTERPRISES, INC.					
LOCATION: 9000 MINERVA ROAD					
CITY: WAYNESBURG, OHIO 44688					
PHONE: 330-866-3435					
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AGENCY BELOW:				
NAME: NOT APPLICABLE TITLE:					
AUTHORITY:					
DATE OF ORDER (MM/DD/YY): DATE OR	DERED TO BEGIN (MM/DD/YY):				
XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE					
DATE AND HOUR OF EMERGENCY (MM/DD/YY):					
DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:					
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:					
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:					
ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDI	NG TO ALL APPLICABLE REGULATIONS.				
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON- SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).					
THOMAS AHERN, ETS CONTRACTING INC. As Representative For The Owner Signature of O	8/10/2016 wher/Operator Date				
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.					
THOMAS AHERN, ETS CONTRACTING, INC As Representative For The Owner Signature Of O	8/10/2016 wner/Operator Date				

	LETTER OF TRANSMITTAL							
То:	US-ENVIRONMENTAL PROTECTION AGENCY		L PROTECTION		Date:	8/10/2016		
	290 BROADWAY, 21 ST FLOOR REGION 2				Re:	NYU – 404 Lafayette Street, New York, NY		
•	NEW YORK, NY 10007 ATTN: ROSALIE SBERNA			- Job #		4542/16		
- For	For Your:			The Following:				
	Use/Information Record Review/Comment				Samples Drawings Close-Ou Other	s/Specifications t Package		
	UG.	DATE		DESCRIPTION				
	2	8/10/2016	ASBESTOS ABATEMENT PROJECT	NT PROJECT NOTIFICATION				
Action:								
 □ Sign & Return To Our Office □ No Action Required □ Returned For Corrections ☑ See Remarks 								
Rema	arks:							
CAN	YOU	the above refere PLEASE SIGN TO OUR OFF		any WIT	questions, p H ATTACI	olease feel free to contact our office. HED SELF ADDRESSED AND STAMPED		
Coni	es To:	File				,		
-opi	.55 TO <u>.</u>			Pr	Prepared By: Renata D. Buczek			
	Sent Via: □ Hand Delivered □ Over Night FedEx							

☑U.S. Mail



August 25, 2016

US, EPA – AC Branch Notifications Department Region 2, 290 Broadway New York, NY 10007

Re:

Asbestos Abatement Project Notification – Amendment #1

708 Broadway, New York, NY-Roof

Dear Sir/Madam:

Please be advised that the above referenced asbestos project notification has been placed on hold. We will notify your department of a new start date when it becomes available.

HOLD

All other information remains the same. Should you have any questions please do not hesitate to call.

Sincerely

ETS Contracting, Inc.

Renata D. Buczek

i:4542'4507_708Broadway'not

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION 1 of 2

Operator Project:	Postmark:	Date Received:	Not	ification: 1			
I. TYPE OF NOTIFICAT	ION (O=Original, R=Revised):	0					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: NEW	YORK UNIVERSITY				1		
ADDRESS: 70 WASHING	TON SQUARE SOUTH						
CITY: NEW YORK	STATE: NY		ZIP CODE	: 10003			
CONTACT: GERMAN I	ROA		PHONE:	212-998-1407			
REMOVAL CONTRACTOR	ETS CONTRACTING, INC.						
ADDRESS: 160 CLA	Y STREET						
CITY: BROOK	LYN STATE: NY		ZIP CODE	: 11222			
CONTACT: THOMAS A	HERN		PHONE:	(718) 706-6300			
OTHER OPERATOR:	NOT APPLICABLE						
ADDRESS:			*				
CITY:	STATE:		ZIP CODE				
CONTACT:			PHONE:				
III. TYPE OF OPERATIO	N (D=Demo, O=Ordered, R=Renovatio	n) R	***************************************	· · · · · · · · · · · · · · · · · · ·			
IV. IS ASBESTOS PRESE	NT? (yes/no) YES						
V. FACILITY DESCRIPT	TION (include building name, number,	floor and/or room nu	umber):		·		
BLDG. NAME: 708 B	ROADWAY						
ADDRESS: 708 B	ROADWAY						
CITY: NEW YORK		STATE:	NY	COU	NTY: MANHATTAN		
SITE LOCATION: ROOF							
BUILDING SIZE SQ M	ETERS: SQ FT: 40,0	00	#OF FL	OORS: 10	AGE IN YEARS: 121		
PRESENT USE: COMM	ERICAL			PRIOR USE:	COMMERICAL		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:							
SAMPLING AND ANA	LYSIS ACCORDING TO EPA APP	ROVED METHOI	OS.				
	RACM TO BE REMOVED AND NO	N-FRIABLE ASB	ESTOS MATERIAL T	HAT WILL NOT BE	REMOVED. SPECIFY THE		
AMOUNT OF ASBES	TOS BELOW:				os Materials To Be Removed:		
		RACM	To Be Removed	Category I	Category II		
PIPES – LINEAR FEET							
PIPES – LINEAR METERS							
SURFACE AREA – SQUARE FEET 100 SF							
SURFACE AREA – SQUARE METERS							
VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET							
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS							
VIII. SCHEDULED DATES	VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM//DD/YY) START: 8/27/2016 COMPLETION: 8/26/2017						
IX. SCHEDULED DATES	DEMO/RENOVATION (MM/DE	O/YY) START:	TBD	COMPLETION	: TBD		

J.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION (continued) 2 of 2

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1 WASTE TRANSPORTER #2						
NAME: TRI-STATE TRANSFER ASSOC., INC. NAME: ETS CONTRACTING, INC						
ADDRESS: 1199 RANDALL AVENUE ADDRESS: 160 CLAY STREET						
CITY: BRONX STATE: NY ZIP CODE: 10474 CITY: BROOKLYN STATE: NY ZIP CODE: 11222						
CONTACT: JIMMY BYRNE PHONE: (718) 617-0771 CONTACT: ANDRZEJ BARNOWSKI PHONE: 718-706-6300						
WASTE TRANSPORTER #3						
NAME:						
ADDRESS:						
CITY: STATE: ZIP CODE:						
CONTACT: PHONE:						
XIII. WASTE DISPOSAL SITE						
NAME: MINERVA ENTERPRISES, INC.						
LOCATION: 9000 MINERVA ROAD						
CITY: WAYNESBURG, OHIO 44688						
PHONE: 330-866-3435						
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:						
NAME: NOT APPLICABLE TITLE:						
AUTHORITY:						
DATE OF ORDER (MM/DD/YY): DATE ORDERED TO BEGIN (MM/DD/YY):						
XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE						
DATE AND HOUR OF EMERGENCY (MM/DD/YY):						
DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:						
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:						
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER: ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.						
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON- SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS: (Required 1 year after promulgation). THOMAS AHERN, ETS CONTRACTING INC. As Representative For The Owner Signature of Owner/Operator Date						
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.						
THOMAS AHERN, ETS CONTRACTING, INC As Representative For The Owner Signature Of Owner/Operator Date						

						*			
То:	US-ENVIRONMENTAL PROTECTION AGENCY				Date:	8/10/2016			
a	290 BROADWAY, 21 ST FLOOR REGION 2		ST FLOOR		Re:	NYU – 708 BROADWAY, NEW YORK, NY - ROOF			
9		YORK, NY 1000	7						
2	ATTN:	ROSALIE SBER	NA		T_1_ ##				
			,		Job#	4542/16			
For	Your:			The	Following:				
	Appro	oval							
		nformation			Samples				
\square	Recor					s/Specifications			
	Revie Other	w/Comment			Other	ıt Package			
	- Cilici								
0	RIG.	DATE		DE	SCRIPTION	,			
	2	8/10/2016	ASBESTOS ABATEMENT PRO	JECT NO	TIFICATION	И			
			CARSON DISORIES OF THE CARSON CONTRACTOR OF TH						
Act	ion:								
	Sian &	k Return To Oui	· Office						
	_	tion Required	Office						
		ned For Correct	ions						
\checkmark	See R	emarks							
Ren	Remarks:								
Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office. CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED									
EN	ENVELOPE TO OUR OFFICE.								
Carrier Trans File									
Copies To: File					Prepared By: Renata D. Buczek				
					Hand Delivered Over Night FedEx				
				☑U.S. Mail	J.S. Mail				



August 23, 2016

US, EPA – AC Branch Notifications Department Region 2, 290 Broadway New York, NY 10007

Re:

Asbestos Abatement Project Notification - Amendment #2

Mount Sinai Hospital Queens – 25-10 30th Avenue, Astoria, NY – Bsmt./1/2/3 Floors

Dear Sir/Madam:

Please be advised that the above referenced asbestos project notification has additional quantities to be added and reduced.

Additional Quantities Added:

80 SF of Coping Stone Tar/Caulking – 6th Floor – West Setback Roof

Reduction of Quantities:

60 SF of Ceiling Tile Glue – 3rd Floor – East Pantry

All other information remains the same.

Should you have any questions please do not hesitate to call.

Sincerely

ETS Contracting, Inc.

Renata D. Buczek

i: 4375'not-2016-2017Filings



August 9, 2016

US, EPA – AC Branch Notifications Department Region 2, 290 Broadway New York, NY 10007

Re:

Asbestos Abatement Project Notification - Amendment #1 Mount Sinai Hospital Queens – 25-10 30th Avenue, Astoria, NY – Bsmt./1/2/3 Floors

Dear Sir/Madam:

Please be advised that the above referenced asbestos project notification has additional quantities to be added.

Additional Quantities Added:

89 LF of Pipe Insulation – 1st & 2nd Floors

675 SF of Ceiling Tile Glue – 2nd Floor – South West

1,575 SF of Floor Tiles – 2nd Floor – Administration

All other information remains the same. Should you have any questions please do not hesitate to call.

Sincerely

ETS Contracting, Inc.

Renata D. Buczek

i: 4375'not-2016-2017Filings

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION 1 of 2

1. [Pin in in] [Pin -] F. S. L. . . I Proposited File 1997

Operator Project:	Postmark:	Date Received:	Notif	ication: 1				
I. TYPE OF NOTIFICATION (O=Original, R=Revised): O								
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)								
OWNER NAME: MOUNT SINA	OWNER NAME: MOUNT SINAI MEDICAL CENTER							
ADDRESS: 1470 MADISON AV	ADDRESS: 1470 MADISON AVENUE, 5 TH FLOOR							
CITY: NEW YORK	STATE	B: NY	ZIP CODE:	10029				
CONTACT: BEN CIFERRI			PHONE: (21	2) 241-1455				
REMOVAL CONTRACTOR: ET	S CONTRACTING, INC.							
ADDRESS: 160 CLAY ST	REET							
CITY: BROOKLYN	STATE	: NY	ZIP CODE	11222				
CONTACT: THOMAS AHER	N		PHONE:	(718) 706-6300				
OTHER OPERATOR:	NOT APPLICABLE							
ADDRESS:								
CITY:	STA	ΓE:	ZIP CODE					
CONTACT:			PHONE:					
III. TYPE OF OPERATION (D	=Demo, O=Ordered, R=Re	novation) R						
IV. IS ASBESTOS PRESENT?	(yes/no) YES							
V. FACILITY DESCRIPTION	I (include building name, nu	mber, floor and/or room n	umber):					
BLDG. NAME: MOUNT SINA	HOSPITAL QUEENS							
ADDRESS: 25-10 30 TH AVENU	Е							
CITY: ASTORIA	STATI	E: NY	COUNTY: QU	EENS				
SITE LOCATION: BASEME	NT/1 ST /2 ND / & 3 RD FLOOR	S						
BUILDING SIZE SQ METE	RS: SQ F	T: 66,000	#OF FLOOR	S: 6 AGE IN YEARS: 61				
PRESENT USE: HOSPITAL			PRIOR USE: HOSI					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:								
SAMPLING AND ANALYS								
VII. APPROXIMATE OF RAC	CM TO BE REMOVED A	ND NON-FRIABLE ASE	BESTOS MATERIAL T	THAT WILL NOT BE REMOVED	. SPECIFY THE			
AMOUNT OF ASBESTO	S BELOW:	DACM	To Be Removed	Non-friable Asbestos Materials Category I	To Be Removed: Category II			
		RACII	10 Be Kemoyeu					
PIPES – LINEAR FEET		70	LF					
PIPES – LINEAR METERS								
SURFACE AREA – SQUARE F	EET			1,500 SF				
SURFACE AREA – SQUARE M	METERS							
VOLUME RACM OFF FACILIT	Y COMPONENT - CUBIC	FEET						
VOLUME RACM OFF FACILITY								
VIII. SCHEDULED DATES A	SBESTOS REMOVAL	(MM//DD/YY) START:	8/10/2016	COMPLETION: 8/9/2017				
IX. SCHEDULED DATES DI	EMO/RENOVATION	MM/DD/YY) START:		COMPLETION:	10.00			



August 25, 2016

US, EPA – AC Branch Notifications Department Region 2, 290 Broadway New York, NY 10007

Re:

Asbestos Abatement Project Notification – Amendment #1 404 Lafayette Street, New York, NY – South Façade

Dear Sir/Madam:

Please be advised that the above referenced asbestos project notification has been placed on hold. We will notify your department of a new start date when it becomes available.

HOLD

All other information remains the same. Should you have any questions please do not hesitate to call.

Sincerely

ETS Contracting, Inc.

Renata D. Buczek

i: 4542'_404LafayetteStreet'not_2016-2017Filings

S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

Red Person of Prince of Allertene and Committee Persons (Persons of Allertene

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.

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XII. WASTE TRANSPORTER #1 WASTE T	WASTE TRANSPORTER #2						
NAME: TRI-STATE TRANSFER ASSOC., INC. NAME:	NAME: ETS CONTRACTING, INC						
ADDRESS: 1199 RANDALL AVENUE ADDRES	S: 160 CLAY STREET						
CITY: BRONX STATE: NY ZIP CODE: 10474 CITY: B	ROOKLYN STATE: NY ZIP CODE: 11222						
CONTACT: JIMMY BYRNE PHONE: (718) 617-0771 CONTACT	CT: ANDRZEJ BARNOWSKI PHONE: 718-706-6300						
WASTE TRANSPORTER #3							
NAME:							
ADDRESS:							
CITY: STATE: ZIP CODE:							
CONTACT: PHONE:							
XIII. WASTE DISPOSAL SITE							
NAME: MINERVA ENTERPRISES, INC.							
LOCATION: 9000 MINERVA ROAD							
CITY: WAYNESBURG, OHIO 44688							
PHONE: 330-866-3435							
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIF	Y THE AGENCY BELOW:						
NAME: NOT APPLICABLE TITLE:							
AUTHORITY:							
	BEGIN (MM/DD/YY):						
XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE							
DATE AND HOUR OF EMERGENCY (MM/DD/YY):							
DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:							
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUS	SE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL						
BURDEN:							
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:							
ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.							
A CERTIFICATION (40 CFR. PART 61, SUBPART M) WILL BE ON-							
SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).							
THOMAS AHERN, ETS CONTRACTING INC. As Representative For The Owner Signature of Owner/Operator Date							
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.							
THOMAS AHERN, ETS CONTRACTING, INC As Representative For The Owner Signature Of Owner/Oper	7/27/2016 Date						

To:	US-ENVIRONMENTAL PROTECTION AGENCY 290 BROADWAY, 21 ST FLOOR REGION 2 NEW YORK, NY 10007 ATTN: ROSALIE SBERNA			Date: Re: Job#	7/27/2016 Mount Sinai Hospital Queens – 25-10 30 th Ave., Queens, NY			
For	Your:		T	he F	ollowing:			
	Use/Information Record Review/Comment]	Samples Drawings/Specifications Close-Out Package Other			
0.	RIG.	DATE			CRIPTION			
	2	7/27/2016	ASBESTOS ABATEMENT PROJECT I	TON	TIFICATION			
Action: Sign & Return To Our Office No Action Required Returned For Corrections See Remarks								
Remarks:								
Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office. CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED ENVELOPE TO OUR OFFICE.								
Copies To: File				Prepared By: Renata D. Buczek				
					Sent Via: □Hand Delivered □Over Night FedEx ☑U.S. Mail			